RURAL DISTRICT COUNCIL

OF

TEIFISIDE, CARDIGANSHIRE

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT 1971

MEDICAL OFFICER OF HEALTH:

W. J. St. E.-G. Rhys, M.A., M.B., B.S., B.Sc., M.R.C.O.G., D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR:

W. T. Rees, C.R.S.I., M.A.P.H.I.

TEIFISIDE RURAL DISTRICT COUNCIL

Chairman 1970/71	Chairman 1971/72
Councillor D. Evans	Councillor D. L. Jenkins

All matters concerning the Public Health
are considered by the whole Council which consists of 25 members

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Clerk: Francis T. George, Esq., M.B.E., A.C.A., F.R.Econ.S.,
Council Offices,
Brynderwen,
ADPAR,
Newcastle Emlyn.

Telephone: Newcastle Emlyn 421

To the Chairman and Members of
Teifiside Rural District Council

PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for the year 1971.

The number of live births registered during the year was one hundred and thirty-nine, representing a decrease of four from the figure for the previous year. There were three registered stillbirths, and two babies were registered has having died before the end of the first week of life. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was one hundred and forty-eight, an increase of twenty-seven over the figure for the previous year. Sixty people died of heart disease, twenty-four of cancer and eighteen of 'stroke'.

There were no unusual notifications of infectious diseases during the year. One new case of tuberculosis was notified but no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

In my Annual Report last year, I referred to the hazards of drug-taking in the hope that an increased awareness of this problem would help to prevent its escalation in our own district. This year I would like to draw your attention to a hazard which kills more males under forty years of age than any other cause, and which is the third greatest killer of females under the age of forty. I refer of course to road traffic deaths. A recent resolution of the World Health Organization (1970) emphasized that road traffic deaths and injuries are a major public health problem.

In recent years there have been about 7,000 deaths annually in Great Britain, 90,000 serious injuries and a quarter of a million slight injuries due to road accidents. In 1971, the exact number of people killed on the roads was 7,696. This number of deaths for 1971 was 1,000 more than the number of American Servicemen killed in Vietnam in the two years 1970 and 1971.

Road traffic accidents are the chief cause of deaths, among males up to the age of forty, numbering 30 per cent more than respiratory diseases, 50 per cent more than the cancers, twice the heart diseases and eight times the infectious diseases. Deaths of females from traffic accidents are about half those of males, but even so, up to the age of forty they rank third after respiratory diseases and the cancers, and kill twice as many as do infectious diseases (Registrar General 1971).

In 1972 the Department of the Environment published a review of road deaths in Britain and in this review it was stated that "No fewer than 37,500 fatal and serious casualties in 1970 were drivers or front-seat passengers of cars or light vans. If everyone had taken the trouble to buckle on the belts that were hanging unused in their vehicles, some 15,000 of these casualties would have been avoided". This statement is supported by the experience in the state of Victoria, Australia where compulsory seat-belt wearing came into force on Boxing Day 1970. When road deaths for the first six months of 1971 (when Victoria alone had introduced compulsion) were compared with the corresponding period in 1970, it was found that in Melbourne the number of deaths had been reduced by 24.8 per cent compared with a reduction of only 1.5 per cent for the rest of metropolitan Australia.

In Britain in 1970 it was possible to obtain information from survivors regarding 2,264 drivers or front seat passengers killed on the roads and it was

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found that 2,130 had not been wearing seat belts. Recent figures show seat belt wearing rates of only 32 per cent on motorways and 23 per cent on A roads. Perhaps a device that prevents the car being driven unless seat belts are worn is the answer here.

Medical conditions, excluding the effects of alcohol, fatigue and personality factors, are thought to account for less than 1 per cent of road accidents. Medical assessment of fitness to drive is now statutory for drivers of heavy-goods vehicles and public service vehicles and an applicant for an H.G.V. or P.S.V. licence should conform to the strictest standards of fitness. There are of course standards of fitness laid down for drivers of private vehicles, but it is known that, unless disabling attacks occur, only a small proportion of applicants for a Driving Licence disclose their particular medical condition. However, more stringent regulations would be likely to lead to greater concealment and might thus increase the risks.

In Cardiganshire in 1971 there were eleven deaths due to road traffic accidents and of these eight were between the ages of five and thirty-four. The total number of deaths from all causes in this age group in the county in 1971 were sixteen. So of these sixteen young deaths, half were due to road traffic accidents.

Fundamentally the three factors concerned in road traffic accidents are the man, the vehicle and the environment and an appraisal of the relative parts played by each of these alone and in combination has shown that in 85 per cent of accidents the driver was responsible in part or in whole and in only 15 per cent were the vehicle and/or environment primarily concerned. Almost half the accidents were caused by driver-environment interaction, and about 15 per cent were caused by driver-vehicle-environment interaction.

Thus the prevention of road traffic accidents depends upon the driver to a much greater extent than it does upon the vehicle or the environment. Hence in the prevention of road traffic accidents it appears to be far more important to have safer drivers than to have safer vehicles or a safer environment.

To promote safer driving by the individual it is first necessary to discover the causes of unsafe driving in order to be in a position to advise the individual driver.

At the outset it is important to realize that among private motorists it is impracticable to test for "accident proneness" with a view to withholding licences from those who fail the tests. Secondly, it must be appreciated that in certain circumstances on the road, <u>everyone</u> is at risk. Some of these circumstances will now be summarized:-

The most important factor in the production of fatigue associated with prolonged driving is the time of day when driving is undertaken. Assuming the normal diurnal rhythm, it has been shown that physiologically an individual is at his lowest ebb around 4.00 a.m., with a rapid rise in performance to 11.00 a.m. and then a slow rise until 9.00 p.m. when his alertness reaches its zenith. Therefore, a private motorist should arrange to avoid ending a prolonged period of driving during the early hours, and those who employ long distance drivers should ensure that shifts are not frequently changed and that a stable work-schedule obtains.

Since it has been shown that in a spell of driving lasting twelve hours with the usual meal breaks drivers initiate 50 per cent more risky overtaking in the last three hours than in the first three hours, then a driver should arrange that the latter parts of a period of prolonged driving do not coincide with his physiological trough of alertness.

A motorist who finds himself incurring near-accidents from hazardous overtaking manoeuvres, being surprised by crosstraffic at crossroads, braking at the last minute and crashing the gears should book in at the nearest hotel before driving fatigue causes him to be involved in a fatal accident.

Besides its association with driving fatigue, overtaking deserves to be considered on its own. It seems obvious that the danger of overtaking increases as closing speeds increase - in other words the less time a driver has to spare, the more time he needs to react but this implication to some drivers is not so obvious - that if there is any doubt about overtaking it should be postponed.

Psychological research has shown that risk-taking increases when environmental circumstances delay the attempt to perform the manoeuvre. In driving, this means that a driver frustrated in his initial overtaking attempt, may attempt a far more hazardous overtaking manoeuvre at the next opportunity. It has also been shown that an individual will take more risks in driving, when he is a member of a group of drivers.

The previous reference to closing speeds in overtaking leads naturally to an appraisal of speed per se in its relation to road safety. The fast driver and the slow driver are more often involved in road accidents than the average-speed driver, and the speeds may be related to aggressiveness and age of driver. Casualties in drivers and passengers can be reduced by up to 50 per cent when the 30 m.p.h. speed limit is enforced by increased police patrols, and conspicuous radar speed meters.

Perception of speed becomes more unreliable as speed increases. Therefore the fast driver should be aware that he is making it difficult for other drivers to estimate his speed, and is obliging them to make snap decisions which may not always be the correct ones. Though the casualty rates per vehicle/mile are higher in urban areas the severity of injuries is 50 per cent greater in the higher

speed rural areas.

Another important physiological factor bearing upon road traffic accidents is reduced visibility. In poorly lighted towns there are proportionately more accidents due to drivers failing to detect pedestrians and cyclists than in well lighted towns and 70 per cent of collisions between light vehicles and the rear of heavy lorries occur during the hours of darkness. Fog is another hazard facing the driver, who on the one hand has to drive at a speed which will enable him to stop if something suddenly appears on the road in front of him, and on the other hand is obliged to maintain a certain speed in a line of cars. Using peripheral vision, corners can be safely taken at 40 m.p.h. though the windscreen is completely opaque - thus in a fog the more a driver's forward vision is occluded, the faster he tends to drive because he relies on peripheral vision and at slow speeds peripheral stimuli are week. In fog a safe driver will relate his speed to his <u>forward</u> visibility and not to the peripheral stimuli he is receiving.

In the featureless environment of a fog the vehicle ahead provides the only cue as to distance, and the driver is apt to approach this vehicle until it becomes as clear to him as it would be if there were no fog - in other words he is driving much closer to the preceding vehicle than he would in normal conditions - this well established psychological theory "perceptual constancy" is the cause of "motorway madness".

Though most of the stimuli reaching the driver are visual, it is true that auditory stimuli can displace visual stimuli because they are received on the same "channel" - this means that a driver carrying on an intelligent consersation while driving in a busy street is not driving safely. Similarly using a mobile telephone or recording device creates an auditory distraction which results in a decrement of driving skill as a result of divided attention, quite apart from the distraction caused by the manipulation required to operate the

equipment. However, if the driver is aware that the auditory stimuli are redundant, as far as his planned course of action in relation to his vehicle is concerned, then the auditory stimuli may in fact stimulate the fatigued driver, as does a car radio, whose stimulatory effect offsets its distracting auditory effect.

It is sobering to realize that even one glass of sherry impairs driving capacity in spite of the fact that the driver knowingly tries to compensate by driveing more carefully and more slowly. The present maximum permitted blood alcohol level of 80 mg./100 ml. is a very liberal one as far as the driver is concerned, and it should be realized that a much lower level of blood alcohol results in impairment of driving efficiency.

The low alcohol intake common among social drinkers increases the risk of road traffic accidents when unexpected circumstances occur. The only advice that can be given to those who drink and drive is - Don't.

At the beginning I stated that it was impracticable to test private motorists for "accident proneness", but I would now qualify this statement by saying that certain sections of the population cause more accidents than others. It has been shown repeatedly that the extrovert is more likely to be convicted of careless driving than the driver with normal or introvert personality. This adds support to the finding that drivers with an aggressive temperament are more likely to be involved in accidents than normal drivers.

On good statistical evidence, Insurance Companies realize that young drivers tend to be unsafe, for the casualty rate per mile driven for the late teenage group is five times the rate for all ages. It has also been shown that persons with serious road traffic offences have more than their share of criminal offences and American work has demonstrated correlation between cities with high

road deaths and high homicide and suicide rates.

It is often stated that women drivers are unsafe, and this idea is supported by the fact that women do not possess such good spatial perception as men do. In spite of this it is a fact that women take less risks than men, and are involved in only half the accidents incurred by men of the same age groups.

In conculsion, road traffic accidents are likely to occur after prolonged driving, during overtaking manoeuvres, in group driving, at fast speeds, when visibility is reduced, when seat belts are not worn, when a mobile telephone has to be answered or there is a demanding talkative passenger and the lowest detectable blood alcohol level is present, especially in aggressive young men.

Road safety depends upon your awareness of your own personality and limitations, and of the tragedy you may bring to others as well as to your family and yourself.

A more detailed account of the work of the Public Health Department, including a portion by the Chief Public Health Inspector, will be found in the following pages.

At Gadeirydd ac Aelodau Cyngor
Dosbarth Gwledig Glannau Teifi

RHAGAIR

Pleser imi yw cyflwyno Adroddiad Blynyddol yr Adran Iechyd Cyhoeddus am y flwyddyn 1971.

Cofrestrwyd cant tri-deg-naw o fabanod a anwyd yn fyw yn ystod y flwyddyn, pedwar yn llai na'r nifer am y flwyddyn flaenorol. Cofrestrwyd tri marw-anedig a bu farw dau faban cyn cyrraedd diwedd y wythnos gyntaf o fywyd. Ni bu farw un fenyw oherwydd ei bod yn feichiog, nac wrth eni plentyn na thrwy erthyliad.

Cofrestrwyd cant pedwar-deg-wyth o farwolaethau; dau-ddeg-saith yn fwy na'r flwyddyn cynt. Cyfrif clefyd y galon am chwe-deg o'r marwolaethau hyn, y strôc am un-deg-wyth a'r cancr am ddau-ddeg-pedwar.

Ni dderbyniwyd hysbysiad anarferol o glefyd heintus yn ystod y flwyddyn. Nodwyd un digwyddiad newydd o'r ddarfodedigaeth yn ystod y flwyddyn, ond ni bu farw un person o'r clefyd hwn. Er mwyn dod o hyd i bob person a fu mewn cyffyrddiad a'r achos gwybyddus o'r ddarfodedigaeth y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Yn fy Adroddiad Blynyddol y flwyddyn ddiwethaf cyfeiriais at beryglon cymeryd cyffuriau, yn y gobaith y byddai ymwybyddiaeth gynyddol o'r broblem hon yn help i atal ei chynnydd yn ein hardal ni. Eleni, hoffwn dynnu eich sylw at berygl sy'n lladd mwy o wrywod o dan ddeugain oed na dim achos arall, ac sydd y trydydd lladdwr mwyaf o fenywod o dan ddeugain oed. Cyfeiriaf wrth gwrs at farwolaethau ar y ffyrdd. Pwysleisiodd penderfyniad diweddar a wnaed gan Gymdeithas Iechyd y Byd (1970) fod marwolaethau a niweidiau ar y ffyrdd yn un o broblemau mawr iechyd cyhoeddus.

Yn y blynyddoedd diweddaf ym Mhrydain Fawr, fe gafwyd 7,000 o farwolaethau yn flynyddol, 90,000 o niweidiau difrifol a chwarter miliwn o fân niweidiau fel canlyniad i ddamweiniau ar y ffyrdd. Yn 1971, union rif y bobl a laddwyd ar y ffyrdd oedd 7,696. 'Roedd y rhif yma o farwolaethau am 1971, yn 1,000 yn fwy na'r rhif o filwyr Americanaidd a laddwyd yn Vietnam yn ystod y ddwy flynedd 1970 a 1971.

Damweiniau ar y ffyrdd yw prif achos marwolaeth ymysg gwrywod hyd at ddeugain oed, yn rhifo 30 y cant yn fwy nag afiechydon respiradol, 50 y cant yn fwy na chancr o bob math, dwywaith yn fwy nag afiechydon y galon ac wyth gwaith yn fwy nag afiechydon heintus. Mae marwolaethau benywod o ddamweiniau ar y ffyrdd tua hanner rhai'r gwrywod, ond hyd yn oed wedyn, i fyny hyd at ddeugain oed maent yn drydydd prif achos marwolaeth ar ôl afiechydon respiradol a chancr o bob math, ac yn lladd dwy waith cymaint ag a wna afiechydon heintus (Cofrestrydd Cyffredinol 1971).

Yn 1972 fe gyhoeddodd Adran yr Amgylchfyd arolwg o farwolaethau ar y ffyrdd ym Mhrydain ac yn yr Arolwg yma fe ddywedir "Nid oedd llai na 37,500 o bobl a gafodd niweidiau angheuol neu ddifrifol yn 1970 yn yrrwyr neu'n deithwyr sêt flaen mewn ceir neu faniau ysgafn. Petai pawb wedi trafferthu i ddefnyddio y gwregysau (belts) oedd yn crogi heb eu defnyddio yn eu cerbydau, gallai tua 15,000 o'r niweidiau hyn fod wedi cael eu hosgoi". Cefnogir y datganiad yma gan y profiad a gaed yn nhalaith Victoria, Awstralia lle daeth gwisgo gwregys-sêdd yn orfodol ar ddydd San Steffan 1970. Pan gymharwyd marwolaethau ar y ffyrdd am chwe mis cyntaf 1971, (pan oedd Victoria yn unig wedi cyflwyno gorfodaeth) gyda'r cyfnod cyfatebol yn 1970 fe welwyd fod y nifer o farwolaethau yn Melbourne wedi gostwng 24.8 y cant o'i gymharu a gostyngiad o 1.5 y cant yn unig yn y gweddill o Awstralia fetropolitan.

Ym Mhrydain yn 1970 'roedd yn bosibl cael gwybodaeth gan groeswyr mewn perthynas i 2,264 o yrrwyr neu deithwyr sêt flaen a laddwyd ar y ffyrdd a chanfyddwyd nad oedd 2,130 o'r rhain yn gwisgo gwregysau sêdd. Dengys ffigurau diweddar na wisgir gwregysau sêdd ond gan 32 y cant ar draffyrdd a 23 y cant ar ffyrdd A. Efallai mai dyfais i rwystro modur i gael ei yrru os na wisgir gwregysau sêdd yw'r ateb yma.

Credir fod cyflyrau meddygol, ag eithrio effeithiau alcohol, blinder a nodweddion personoliaeth, yn gyfrifol am lai nag 1 y cant o ddamweiniau ar y ffyrdd. Mae archwiliad meddygol o gymhwyster i yrru yn awr yn angenrheidiol ar gyfer gyrrwyr cerbydau nwyddau-trwm a cherbydau gwasanaeth cyhoeddus a dylai ymgeisydd am drwydded C.N.T. neu C.G.C. gydymffurfio â'r safonau llymaf o ran addasrwydd. Mae, wrth gwrs, safonau addasrwydd ar gyfer gyrrwyr cerbydau preifat, ond fe wyddis, os nad oes ymosodiadau sy'n analluogi person yn digwydd, dim ond nifer fychan o ymgeiswyr am Drwydded Gyrru sy'n dadlennu eu cyflwr meddygol arbennig. Fodd bynnag, byddai rheolau caethach yn fwy tebygol o arwain i fwy o gelu'r gwirionedd ac felly gynyddu y peryglon.

Yng Ngheredigion yn 1971 'roedd un ar ddeg o farwolaethau fel canlyniad i ddamweiniau ar y ffyrdd ac o'r rhain 'roedd wyth rhwng yr oedrannau pump a thrideg pedwar. Cyfanswm marwolaethau o bob mâth o achosion yn y grŵp oedran yma yn y Sir yn 1971 oedd un-ar-bymtheg. Felly o'r un marwolaeth ar bymtheg ifanc hyn, 'roedd eu hanner wedi eu hachosi gan ddamweiniau ar y ffyrdd.

Yn sylfaenol, y tair ffactor ynglyn â damweiniau ar y ffyrdd yw'r dyn, y modur, a'r amgylchfyd ac fe ddangoswyd mewn prisiad o'r rhan perthynol a chwareir gan bob un o'r rhain yn unigol ac mewn cyeuniad mai mewn 85 y cant o ddamweiniau y gyrrwr oedd yn gyfrifol yn rhanol, neu yn gyfangwbl a dim ond mewn 15 y cant yr oedd y cerbyd ar/neu'r amgylchfyd yn bennaf gyfrifol. Achoswyd

bron hanner y damweiniau gan ryngweithiad gyrrwr-angylchfyd ac achoswyd tua 15 y cant gan ryngweithiad gyrrwr - cerbyd - angylchfyd.

Felly, mae atal damweiniau ar y ffyrdd yn dibynnu llawer mwy ar y gyrrwr nag ydyw ar y cerbyd neu'r angylchfyd. Felly, er mwyn atal damweiniau ar y ffyrdd mae'n ymddangos yn llawer mwy pwysig sicrhau gyrrwyr saffach nag ydyw i gael cerbydau saffach neu angylchfyd saffach.

Er mwyn hyrwyddo gyrru mwy gofalus gan yr unigolyn rhaid i ddechrau ganfod achosion dreifio anniogel er mwyn bod mewn sefyllfa i gynghori y gyrrwr unigol.

Ar y dechrau mae'n bwysig sylweddoli ei bod yn anymarferol ymhlith gyrrwyr moduron preifat i osod prawf am "dueddiad i ddamwain" ('accident proneness') gyda'r bwriad o atal y rhai sy'n methu'r prawf rhag cael trwydded. Yn ail, dylid sylweddoli, dan rai angylchiadau ar y ffordd fod pawb yn wynebu perygl. Fe geisir yn awr grynhoi rhai o'r angylchiadau hyn:-

Y ffactor bwysicaf pan gynhyrchir blinder neu ludded mewn cysylltiad â dreifio hir yw'r adeg o'r dydd pan fydd dreifio yn cymryd lle. Gan gymryd yn ganiataol rhythm dyddiol normal, fe ddangoswyd fod unigolyn yn seicolegol ar ei fan isaf tua 4.00 a.m. gyda chynnydd cyflym mewn perfformiad hyd 11.00 a.m. ac yna cynnydd araf hyd 9.00 p.m. pan fydd ei fywiogrwydd wedi cyrraedd ei uchafbwynt. Felly, dylai modurwr preifat geisio osgoi gorffen cyfnod o yrru maith a hir yn ystod yr oriau cynnar, a dylai'r rhai sy'n cyflogi gyrrwyr pellter hir sicrhau na newidir 'shifts' yn rhy aml a bod amserlen-waith sefydlog i'w chael.

Gan iddo gael ei brofi mewn cyfnod o ddreifio yn para deuddeg awr, gyda'r amserau arferol i brydau bwyd, fod gyrrwyr yn dechrau 50 y cant yn fwy o oddiweddyd peryglus (risky overtaking) yn ystod y tair awr olaf nag yn y tair awr gyntaf, yna dylai gyrrwr drefnu nad yw rhan olaf ei ddreifio hir ddim yn cyfateb i'r amser pan fydd ei fywiogrwydd ffisiolegol ar ei fan isaf.

Dylai modurwr sy'n canfod eu hun bron yn achosi damweiniau oherwydd symudiadau o oddiweddyd peryglus, sy'n cael ei synnu gan groesdraffig ar groesffyrdd, sy'n brecio ar y munud ola ac yn gwrthdrawo y gêrs; dylai yn sicr aros yn y gwesty agosaf cyn i ludded dreifio a gyrru fod yn achos iddo gael damwain angheuol.

Ar wahân i'w berthynas gyda lludded neu flinder gyrru dylid ystyried goddiweddyd (overtaking) ar ei ben ei hun. Ymddengys yn amlwg fod y perygl wrth oddiweddyd yn cynyddu fel mae cyflymdra caeedig yn cynyddu - mewn geiriau eraill, y lleiaf o amser sydd gan yrrwr i sbario, y mae arno angen mwy o amser i ymateb, ond nid yw arwyddocad hyn i rai gyrrwyr mor amlwg - os oes unrhyw amheuaeth unglyn â goddiweddyd yna dylid ei ohirio.

Dangosodd ymchwil seicolegol fod cymeryd risg yn cynyddu pan fo amgylchiadau amgylchedd yn oedi yr ymgais i wneud y symudiad. Mewn dreifio golyga hyn fod gyrrwr a rwystrwyd yn ei ymgais gyntaf i oddiweddyd, yn aml yn debygol o geisio gwneud symudiad i oddiweddyd sy'n llawer mwy peryglus pan ddaw'r cyfle nesaf. Dangoswyd hefyd fod unigolyn yn debygol o fentro mwy wrth ddreifio pan fo'n un aelod o grŵp o yrrwyr.

Mae'r cyfeiriad blaenorol at gyflymdra caeedig mewn goddiweddyd yn arwain yn naturiol at brisiad o gyflymdra per se yn ei berthynas â diogelwch ar y ffordd. Mae'r gyrrwr cyflym a'r gyrrwr araf yn fwy tebygol o gael damweiniau ar y ffordd na'r gyrrwr o gyflymdra-cyffredin, a gall y gwahanol gyflymdra fod yn gysylltiedig ag agwedd ymosodol neu oedran y gyrrwr. Gall colledigion mewn gyrrwyr a theithwyr gael eu gostwng hyd at 50 y cant pan roddir y ffin cyflymdra 30 m.y.a. mewn grym gan fwy o batrol heddlu, a mesurwyr cyflymdra radar amlwg.

Mae canfod cyflymdra yn dod yn fwy annibynadwy fel mae cyflymdra yn cynyddu. Felly, dylai'r gyrrwr cyflym sylweddoli ei fod yn ei gwneud yn fwy anodd i

yrrwyr eraill amcangyfrif ei gyflymdra, ai fod yn eu gorfodi hwy i wneud penderfyniadau sydyn sydd ddim bob amser yn rhai cywir. Er fod cyfradd damweiniau yn ol cerbyd/milltir yn uwch yn yr ardaloedd trefol mae gerwindeb y niweidiau yn 50 y cant yn fwy yn yr ardaloedd gwledig uwch eu cyflymdra.

Ffactor ffisiolegol bwysig arall mewn perthynas â damweiniau ar y ffyrdd yw lleihâd mewn gwelededd (reduced visibility). Mewn trefi lle ceir goleuni gwael mae mwy o ddamweiniau o ganlyniad i fodurwyr yn methu a gweld cerddwyr a beicwyr nag mewn trefi lle ceir goleuni da ac mae 70 y cant o wrthdrawiadau rhwng cerbydau ysgafn a thu ôl loriau trwm yn digwydd yn ystod oriau'r tywyllwch. Perygl arall sy'n wynebu'r gyrrwr yw niwl, gan fod yn rhaid iddo ar un llaw ddreifio ar gyflymdra fydd yn ei alluogi i aros os bydd rhywbeth yn ymddangos yn sydyn ar y ffordd o'i flaen, ac ar y llaw arall mae'n rhwym o gadw at rhyw gyflymdra arbennig pan fo mewn llinell o geir. Trwy ddefnyddio gwelediad cylchfesurol gellir cymeryd corneli yn sâff yn ol 40 m.y.a. er fod y ffenestr flaen yn gwbl afloyw - felly mewn niwl, mwyaf y mae gwelediad blaen y gyrrwr yn afloyw, tuedda i yrru'n gyflymach gan ei fod yn dibynnu ar weledigad cylchfesurol a gyda cyflymdra ara mae symbyliad cylchfesurol yn wan. Mewn niwl bydd gyrrwr gofalus yn cysylltu ei gyflymdra gyda'r hyn a wel o'i flaen ac nid gyda'r symbyliad cylchfesurol mae'n gael.

Mewn amgylchedd ddi-nôd, fel pan fo niwl, y cerbyd ar y blaen sy'n rhoi'r unig syniad o bellter, a thuedd y gyrrwr yw mynd mor agos ato fel y gall ei weld yn dda, (cystal a phe na bai niwl) - mewn geiriau eraill, mae'n llawer nes at y cerbyd o'i flaen nag a fyddai dan amgylchiadau normal - ar ddamcaniaeth seicolegol hon o gysondeb canfodiad ('perceptual constancy') sy'n achosi gwallgofrwydd traffordd ('motorway madness').

Er fod y rhan fwyaf o'r symbyliad sy'n cyrraedd y gyrrwr yn weladwy mae'n

wir fod symbyliad sy'n ymwneud â'r clyw yn gallu cymryd lle symbyliad gweladwy gan eu bod yn cael eu derbyn ar yr un sianel - golyga hyn nad yw gyrrwr sy'n cario ymlaen sgwrs ddeallus tra'n dreifio ar stryd brysur yn gyrru'n sâff. Hefyd mae defnyddio ffôn symudol neu ddyfais recordio yn creu dryswch clywadwy sy'n achosi lleihâd mewn gallu gyrru gan fod sylw'r gyrrwr yn cael ei amharu a'i rannu yn ogystal a'r ffaith yr achosir dryswch wrth weithio'r cyfarpar. Fodd bynnag, os yw'r gyrrwr yn ymwybodol fod y symbyliad clywadwy yn ormod, cyn belled ac mae ei gynlluniau mewn perthynas i'w fodur yn y cwestiwn, yna gall y symbyliad clywadwy fod o fudd i symbylu'r gyrrwr lluddedig, fel y gwna radio modur. Mae effeithiau symbylu hon yn gwrthweithio ei symbyliad clywadwy dryslyd.

Mae'n ddifrifol sylweddoli fod un glasied o sieri yn effeithio ar allu i ddreifio er gwaetha'r ffaith fod y gyrrwr o ganlyniad yn fwriadol yn ceisio dreifio'n fwy gofalus ac araf. Mae'r uchafswm lefel presennol o alcohol a ganiateir yn y gwaed (sef 80 mg./100 ml.) yn un hael cyn belled ac mae'r gyrrwr yn y cwestiwn, a dylid sylweddoli fod lefel llawer is o alcohol yn y gwaed yn amharu ar effeithiolrwydd dreifio.

Mae'r ychydig o alcohol a gymerir yn gyffredin gan yfwyr cymdeithasol yn cynyddu'r perygl o ddamweiniau ar y ffyrdd pan ddigwydd amgylchiadau annisgwyl. Yr unig gyngor y gellir ei roi i'r rhai sy'n gyrru ac yn yfed yw - Peidiwch.

Ar y dechrau dywedais ei bod yn anymarferol rhoi prawf 'tueddiad i ddamwain i fodurwyr preifat, ond yn awr hoffwn gymhwyso y gosodiad yma trwy ddweud fod rhai adrannau o'r boblogaeth yn achosi mwy o ddamweiniau nag eraill. Dangoswyd drosodd a throsodd fod y person alltblyg yn fwy tueddol o gael ei ddedfrydu am yrru diofal na'r sawl sydd a phersonoliaeth normal neu fewnblyg. Mae hyn yn ategu'r grêd fod gyrrwyr gydag anianawd ymosodol yn fwy tebygol o fod yn gysylltiedig a damweiniau na gyrrwyr normal.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Ar sail tystiolaeth ystadegol dda, mae Cwmniau Yswiriant yn sylweddoli fod gyrrwyr ifanc yn tueddu i fod yn ddiofal, oherwydd mae cyfradd damwain yn ôl y filltir yng ngrŵp yr arddegau diweddar yn bum gwaith y cyfradd i'r holl oedrannau eraill. Dangoswyd hefyd fod personau gyda troseddau ffyrdd difrifol wedi cael mwy na'u siar o droseddau dybryd eraill yn eu herbyn, a dangosodd gwaith Americanaidd fod cydberthynas rhwng dinasoedd gyda nifer uchel o farwolaethau ar y ffyrdd a chyfradd uchel o lofruddiaethau a hunanladdiad.

Dywedir yn aml nad yw merched sy'n dreifio yn sâff â chefnogir y syniad yma gan y ffaith nad yw merched yn meddu cystal canfyddiad yn ymwneud â lle neu ofod (spatial perception) â dynion. Er gwaethaf hyn mae'n ffaith fod merched yn cymeryd llai o fentr na dynion, a'u bod yn gysylltiedig â dim ond tua hanner y damweiniau aachosir gan ddynion o'r un grŵp oedran.

I derfynu, mae damweiniau ar y ffyrdd yn debygol o ddigwydd ar ôl dreifio hir a maith, adeg symudiadau i oddiweddyd, mewn dreifio grŵp, adeg cyflymdra uchel, pan fo gweledsedd yn isel, pan fo gwregysau sêdd heb gael eu gwisgo, pan fydd yn rhaid ateb ffôn symudol neu pan fo siaradwr dibaid yn gyd deithiwr, pan fo'r lefel isaf a ganfyddir o alcohol yn y gwaed yn bresennol, yn enwedig mewn dynion ifanc ymosodol.

Dibynna diogelwch ar y ffordd ar eich ymwybyddiaeth chi o'ch personoliaeth a'i gyfyngiadau, a'r ffaith y gallwch ddwyn trasiedi i eraill yn ogystal ag i'ch teulu a chi eich hun.

Gwelir adroddiad mwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan y Prif Arolygwr Iechyd Cyhoeddus yn y tudalennau canlynol.

VITAL STATISTICS

1. LIVE BIRTHS

	1969	1970	1971
Total	149	143	139
Leg:	143	138	133
Illeg:	6	5	6
Rate per 1,000 population (crude)	14.6	14.0	13.2
Rate per 1,000 population (adjusted)	17.7	16.9	16.0
Rate per 1,000 population England and Wales	16.3	16.0	16.0
Illegitimate live births per cent of total live births	4	3	4

2. STILLBIRTHS

	1969	1970	1971
Total	2	0	3
Leg:	2	0	2
Illeg:	0	0	1
Rate per 1,000 live and stillbirths	13	0	21
Rate per 1,000 live and stillbirths England and Wales	13	13	12

3. TOTAL LIVE AND STILLBIRTHS

	1969	1970	1971
TOTAL LIVE AND STILLBIRTHS	151	143	142

4. PERI-NATAL DEATHS (Stillbirths plus early neo-natal deaths)

	1969	1970	1971
Total	2	3	5
Leg:	2	2	4
Illeg:	0	1	1
Rate per 1,000 total live and stillbirths	13	21	35

5. EARLY NEO-NATAL DEATHS (deaths under one week)

	1969	1970	1971
Total	0	3	2
Leg:	0	2	2
Illeg:	0	1	0
Rate per 1,000 total live births	0	21	14

6. NEO-NATAL DEATHS (deaths under four weeks)

	1969	1970	1971
Total	1	3	2
Leg:	0	2	2
Illeg:	1	1	0
Rate per 1,000 total live births	7	21	14

7. INFANT DEATHS (deaths under one year)

	1969	1970	1971
Total	1	3	2
Leg:	0	2	2
Illeg:	1	1	0
Rate per 1,000 total live births	7	21	14
Legitimate infant deaths per 1,000 legitimate live births	0	14	15
Illegitimate infant deaths per 1,000 illegitimate live births	167	200	0

8. MATERNAL DEATHS (including abortion)

	1969	1970	1971
Number of deaths	0	1	0
Rate per 1,000 total live and stillbirths	0	7	0

DEATHS

	1969	1970	1971
Total	152	121	148
Rate per 1,000 population (crude)	14.9	11.9	14.0
Rate per 1,000 population (adjusted)	13.4	10.7	12.6
Rate per 1,000 population England and Wales	11.9	11.7	11.6

	1969	1970	1971
Area comparability factor for births	1.21	1.21	1.21
Area comparability factor for deaths	0.90	0.90	0.90

POPULATION STATISTICS

Area (in acres)	73,102
Population (census 1961)	10,358
Population (Registrar General's Estimated Mid-Year Population for 1971)	10,560

CAUSES OF DEATH

(Heading with no deaths allocated are omitted)

Causes of Death	Number of Deaths		
	Male	Female	Total
Malignant Neoplasm, Oesophagus	3	-	3
Malignant Neoplasm, Stomach	1	-	1
Malignant Neoplasm, Intestine	4	2	6
Malignant Neoplasm, Lung, Bronchus	3	-	3
Malignant Neoplasm, Breast	-	2	2
Malignant Neoplasm, Prostate	3	-	3
Leukaemia	-	2	2
Other Malignant Neoplasms	2	4	6
Benign and Unspecified Neoplasms	-	1	1
Diabetes Mellitus	-	1	1
Other Diseases of Nervous System	-	1	1
Chronic Rheumatic Heart Disease	3	-	3
Hypertensive Disease	1	2	3
Ischaemic Heart Disease	26	18	44
Other Forms of Heart Disease	8	5	13
Cerebrovascular Disease	11	7	18
Other Diseases of Circulatory System	4	5	9
Pneumonia	1	-	1
Bronchitis and Emphysema	6	-	6
Other Diseases of Respiratory System	4	1	5
Peptic Ulcer	1	-	1
Other Diseases of Digestive System	1	2	3
Nephritis and Nephrosis	-	1	1
Other Diseases, Genito-Urinary System	1	-	1
Congenital Anomalies	-	1	1
Other Causes of Perinatal Mortality	1	-	1
All Other Accidents	4	2	6
Suicide and Self-Inflicted Injuries	1	-	1
All Other External Causes	2	-	2
TOTAL:	91	57	148

INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

Acute Encephalitis	Nil
Acute Meningitis	Nil
Acute Poliomyelitis	Nil
Diphtheria	Nil
Dysentery	Nil
Food Poisoning	Nil
Infective Jaundice	Nil
Leptospirosis	Nil
Malaria	Nil
Measles	1
Ophthalmia Neonatorum	Nil
Paratyphoid Fever	Nil
Scarlet Fever	Nil
Tetanus	Nil
Typhoid Fever	Nil
Whooping Cough	Nil

TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	1	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	1	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

Action was required to be taken under this section in one case during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years, and are under the control of the County Council.

W. J. St. E.-G. RHYS

MEDICAL OFFICER OF HEALTH

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1971

SEWERAGE

The village of Ffostrasol was provided with a sewerage scheme during the year. Ffostrasol is situated to the North West of the district on the A.486 road from Llandysul to New Quay. The area sewered consists of some forty-five properties with a population of one hundred and fourteen. The provision of this scheme has done away with two small sewage treatment works serving the two Council estates in addition to twenty-one individual septic tanks, cesspools and pail closets.

During the year work commenced on the Aberbanc, Penrhiwllan, Croeslan scheme. This sewerage scheme covers some one hundred and fourteen properties, with a population of two hundred and seventy-five. The Henllan sewage treatment works is being extended to accommodate the sewage from the three villages. The sewage from Croeslan will gravitate to a pumping station near the Inn at Penrhiwllan into which the whole of Penrhiwllan will also gravitate. A rising main will take the sewage from Penrhiwllan over the rise and then gravitate to a pumping station at Aberbanc. The sewage from the three villages will then be pumped into the gravity sewers serving the village of Henllan.

The Ferwig sewerage scheme was also under construction during 1971 and at the time of writing this scheme has now been commissioned. The treatment works is designed on the same principle as the Penparc sewage treatment works i.e. the Pasveer oxidation ditch.

The go ahead was also given to the Beulah - Bryngwyn scheme, and this scheme at the time of writing is well under way.

Cwmcou, Llandyfriog and Pontgarreg are three principal villages in the district which are in dire need of sewerage schemes. All three schemes have been delayed through the inability of the Council to acquire land either for the treatment works or pumping stations.

The list of villages sewered is as follows:-

1. Aberporth - Sea outfall - partial maceration
2. Adpar - Afon Teifi outfall - full treatment
3. Beulah - River outfall - full treatment
4. Ferwig - River outfall - full treatment - (Pasveer Oxidation Ditch)
5. Ffostrasol - Afon Cerdin Fach - full treatment
6. Henllan - Afon Teifi outfall - full treatment
7. Llandysul - Afon Teifi outfall - full treatment - joint with Newcastle Emlyn Rural District Council
8. Llangrannog - sea outfall - septic tank treatment
9. Llechryd - Afon Teifi outfall - full treatment
10. Penparc - River outfall - full treatment - (Pasveer Oxidation Ditch)
11. Tresaith - sea outfall - maceration

Council Estates - Sewage Disposal

The following table shows the number of Council estates on their own individual sewage treatment works. Additional houses have been built at Pontgarreg and a new treatment works has been provided. A new disposal unit was also provided at Tanygroes for the additional houses built there in 1970:

Blaenporth - 8 dwellings
Brynhoffnant - 6 dwellings
Brongest - 2 dwellings
Capel Dewi - 6 dwellings
Cenarth - 14 dwellings
Coedybryn - 6 dwellings
Cwmcou - 4 dwellings
Glanrhyd - 6 dwellings
Horeb - 6 dwellings
Llandyfriog - 8 dwellings
Llandygwydd - 10 dwellings
Penrhiwllan - 8 dwellings
Pentregât - 9 dwellings
Pontsian - 8 dwellings
Pontgarreg - 22 dwellings
Prengwyn - 4 dwellings
Rhydlewis - 8 dwellings
Sarnau - 6 dwellings
Tanygroes - 12 dwellings
Tregroes - 4 dwellings
Ferwig - 10 dwellings

Private Cesspools and Septic Tanks

The following table dhows the number of cesspools/septic tanks emptied each month for the year 1971 with the comparable figures for 1969 and 1970:-

	1969	1970	1971
January	7	14	7
February	1	15	14
March	16	18	28
April	21	15	36
May	21	28	30
June	16	17	35
July	23	33	24
August	26	31	47
September	19	18	23
October	18	16	15
November	10	15	8
December	3	18	16
TOTAL:	181	238	283

MEAT INSPECTION

Slaughterhouses

All meat is imported into the area, there being no private or public slaughterhouses in the district. The nearest public slaughterhouses are situated at Cardigan and Lampeter. There are five proper meat shops in the area although many general traders now sell meat and poultry. Several meat vans operate within the district, the majority of which are stationed outside the Teifiside district.

Knackers' Yard

Seventy-three horse carcasses were collected and delivered to the Knackers' Yard at Tanygroes during 1971. Periodic visits are made to this establishment.

CARAVAN SITES

There are thirty-seven licensed caravan sites in the area, twenty-six of which are licensed for three caravans and over, while the remainder are licensed for less than three. Together these sites provide accommodation for seven hundred and seventy-six caravans.

BAKE HOUSES

There are seven bake-houses in the area, all of which are inspected periodically. One informal notice was complied with during the year.

FOOD PREMISES

There are in the area:

66 Food Shops
40 Ice-cream Vendors
5 Meat Shops
7 Bakeries
25(Hotels
(Public Houses
3 Registered Clubs
12 Cafes and Restaurants
2 Stalls

UNFIT FOODS

51 lbs. of a variety of foodstuffs were found unfit for human consumption and voluntarily surrendered for disposal.

BUILDING REGULATIONS 1965

During the year two hundred and fifty-five applications were received under the Building Regulations 1965 and the following table shows the breakdown of the applications:-

Proposals	Number of Applications
Alterations and improvements	56
Bathrooms	25
Extensions	27
Bungalows	37
Houses	13
Chalets	1
Conversion to dwelling houses	19
Private Garages	14
Miscellaneous	32
Agricultural	23
Extensions to Hotels	6
Extensions to Mill Factory	1
Portable Classroom	1
TOTAL:	255

Thirty-four applications were rejected in the first instance, the majority of which did not comply with regulation D.8 Structural Stability. Nineteen of the rejected applications were approved on being amended and resubmitted for consideration.

NATURE OF VISITS AND INSPECTION

	Number of Visits
General Sanitation	
Drainage	161
Offensive Trades	14
Caravans etc.	56
Factories	11
Bake-houses	9
Public Conveniences	30
Refuse Sites	50
Food Shops, Cafes, Licensed premises and Mobile Shops	182

OVERCROWDING

Premises inspected	7
Re-visits paid	-

NOTICES SERVED UNDER HOUSING ACTS AND PUBLIC HEALTH ACTS

Informal Notices	43
Complied with	31
Formal Notices	6
Complied with	3

NUMBER OF HOUSES ERECTED DURING THE YEAR

1. By Local Authority	14
2. By Private Enterprise	20

HOUSING (FINANCIAL) PROVISIONS ACT 1958 (Section 20)

Housing Act 1969

Number of houses inspected	190
Number of improvement grants approved	70
Total amount of grant approved	£72,990
Number where work was completed during the year	32
Total amount of grant paid	£11,783

Standard Grant

Number of houses inspected	107
Number of standard grants approved	28
Total amount of grant approved	£9,251
Number where work was completed during the year	28
Total amount paid in grants	£6,655

REFUSE COLLECTION AND DISPOSAL

Statistics on Refuse Collection in the Teifiside Rural District

Area	73,102 acres
Population (Estimated June 1966)	10,220
Number of vehicles on refuse collection	2
Types of vehicles	Continuous loading
Capacity of vehicles	20.25 cubic yards
Number of employees	5
Type of collection	Kerbside
Frequency of collection (normally)	Weekly
Frequency of Collection (four summer months)	
Llangrannog	- Twice Weekly
Tresaith	- Twice Weekly
Aberporth	- Twice Weekly
Average weekly amount of refuse collected - Winter	36.4 tons
Average weekly amount of refuse collected - Summer	42.5 tons
Receptacles used - proper bins - approximately	60 per cent
improvised receptacles - approximately	40 per cent
Cost of collection and disposal 1971/72	£13,000

During the year 27,661 miles were covered by the two lorries and 2,603 gallons of auto-diesel used. The following table shows the mileage over the last ten years:-

Year	Miles
1962	19,356
1963	19,940
1964	21,800
1965	22,670
1966	24,676
1967	27,375
1968	27,689
1969	26,628
1970	24,947
1971	27,661

Refuse Disposal

Refuse is being disposed of at two old disused quarries, one at Penrhos which serves the Llandysul area only, and one at Sarnau which serves the remainder of the area.

RODENT CONTROL

		TYPE OF PROPERTY	
		Non-Agricultural	Agricultural
1	Number of properties in the district	3,615	909
2 (a)	Total number of properties (including nearby premises) inspected following notification	123	36
(b)	Number infested by (1) Rats	86	35
	(2) Mice	44	18
3 (a)	Total number of properties inspected for rats and/or mice for reasons other than notification	163	145
(b)	Number infested by (1) Rats	107	123
	(2) Mice	71	89

This service is given free to all dwelling houses but a charge is made for business and agricultural premises. The Council entered into sixty-nine contracts during the year amounting to £331.85.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Class of Premises (1)	No. of premises registered during the year (2)	Total number registered at end of year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices	-	17	5
Retail Shops	1	21	21
Wholesale shops, warehouses	-	6	6
Catering establishments open to the public, canteens	-	10	10
Fuel storage depots	-	-	-
TOTAL	1	54	42

Analysis of persons employed in registered premises by workplace

Class of Workplace	Number of persons employed
Offices	64
Retail Shops	48
Wholesale departments, warehouses	16
Catering establishments open to the public	41
Canteens	-
Fuel storage depots	-
TOTAL:	169

Total of Males	82
Total of Females	87

FACTORIES ACT 1937 AND 1948

(1) Inspections during the year:-

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by the Local Authority	8	8	-	-
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	12	3	-	-
3. Other premises in which Section 7 is enforced by the Local Authority (not including offences relating to outwork)	5	-	-	-
TOTAL	25	11	-	-

WATER SUPPLIES

During the year one hundred and twenty-four water samples were taken for bacteriological examination and sent to the public health laboratory at Carmarthen for examination.

	Satisfactory	Unsatisfactory	Total
Public Supply	111	3	114
Private	7	3	10
TOTAL:	118	6	124

The Cardiganshire Water Board was immediately notified of the unsatisfactory samples and remedial measures carried out.

In the case of privately supplied water the owner was advised to boil all water used for human consumption and advice was also given as to protective works to be carried out at the source.

MILK AND DAIRIES (GENERAL) REGULATION 1959

Food and Drugs Act 1955

During the year one hundred and seventy samples of raw milk were taken from producer retailers in the district and submitted to the Public Health Laboratory at Carmarthen and subjected to the Brucella Ring Test. Thirty-one of these produced positive results but all were negative when subjected to culture test.

Three herds from which milk was sold by retail and consequently not heat treated became brucella attested during the year.

W. T. REES

CHIEF PUBLIC HEALTH INSPECTOR

Public Health Department,
Council Offices,
Brynderwen,
ADPAR,
Newcastle Emlyn.